

Reading Borough Council

Shared Lives Scheme

Inspection report

188 Whitley Wood Lane
Reading
Berkshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Shared Lives Scheme is a service which supports carers to provide a home for people who are unable to or choose not to live on their own. They live as part of the carer's family. The service provides support to children, younger adults or older adults and people who are living with a learning disability, dementia, a mental health condition, sensory impairment or physical disability. At the time of our inspection there were six people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We have made a recommendation for the provider to review best practice in relation to staff training. People experienced good continuity and consistency of care from staff who knew how to meet their needs as well as how they liked care to be provided. The provider recruited staff in accordance with regulations and ensured only staff suitable to support people living in their own home were appointed.

Medicine administration records (MAR) were accurate and up to date. People's risks assessments were clearly written and easy to follow, providing staff with clear guidance for managing risks to people.

The provider was able to demonstrate their compliance with legal obligations and any learning from incidents or accidents were undertaken effectively.

The providers complaints procedure ensured complaints were managed effectively and to monitor the quality of the service. Annual appraisals took place, allowing staff to raise any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service at the previous premises was good, published on 25 August 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shared Lives Scheme on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Shared Lives Scheme

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Shared Lives Scheme is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 May 2022 and ended on 01 June 2022. We visited the location's office on 24 May 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from partner agencies and professionals. We reviewed our on-going monitoring of the service such as information received through notifications. We used all this information to plan our inspection.

During the inspection

We spoke to five members of staff including the registered manager, shared lives officers and shared lives carers. We also spoke to one person who uses the service. We reviewed a range of records. This included two people's care records and two medicine records. We looked at three staff files in relation to recruitment and specific training. A variety of records relating to the management of the service, quality assurance, maintenance and incidents/accidents, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- When there had been safeguarding concerns raised, they were dealt with appropriately and referred to local authority safeguarding teams.
- Staff were able to explain when and how they would raise a concern, "I would report to a manager and complete a safeguarding [incident form]. If nothing was being done by the manager, I would go above [them]. We also let the social workers know in our team if we have any concerns... I would report something like financial abuse, or if things might have been taken, unexplained falls or marks on the person."
- Where safeguarding incidents had been identified, the registered manager had investigated the incident internally and documented actions taken.
- There were systems in place to guide staff on what action to take if they thought a person was at risk of harm.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed regularly in line with the provider's policy or more often if people's needs changed.
- People experienced safe care from staff who were aware of people's individual risks. The management team effectively assessed risks to people, which shared lives officers managed safely. Support plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as falls and medicines management.
- Care records informed staff how to support people, promoting their independence, by managing identified risks safely.
- Environmental risk assessments of people's homes contained required information in relation to foreseeable emergencies relating to fires, floods and loss of utilities.

Staffing and recruitment

- Although shared lives carers (SLC) are self-employed, the provider completed pre-employment checks to ensure both SLC and shared lives officers (SLO) were suitable and had the necessary skills and character to support people living in their own homes. For example, checks explored prospective staff's conduct in previous care roles, and information from the Disclosure and Barring Service (DBS) check. The DBS provide information, including details about convictions and cautions held on the Police National Computer. This information helps employers make safer decisions to prevent unsuitable staff from working with vulnerable people.
- SLC's are approved by an independent panel that consisted of professionals within different roles associated with adult social care. The SLOs would meet with people alone, to ensure they

were happy with the support that they were being offered and that they felt well matched with their SLC.

- Staffing levels appeared safe at the time of inspection and there are actions in place for respite care when required.

Using medicines safely

- People received their prescribed medicines safely from staff who had completed the required training and been assessed competent to do so.
- Staff followed the provider's policy and procedures to manage people's medicines. The management team completed regular observations to ensure staff administered medicines in practice, in accordance with their training, current guidance and regulations,
- The management team completed regular audits to ensure staff administered medicines in line with people's medicine support plans.

Preventing and controlling infection

- The provider had regularly updated their policy and procedures in accordance with government guidance during the pandemic and had created a COVID-19 contingency plan.
- Staff had completed training in relation to safe food preparation and hygiene practices.

Learning lessons when things go wrong

- Incidents and accidents had been reported and documented. Documentation included actions taken following the incident or accident to continue to support the development of the service.
- People's risk assessments and care plans had been reviewed and updated as required, in relation to accidents and incidents. For example, one service user had been identified to be at increased risk of falling. Following this, all appropriate risk assessments had been updated to mitigate the risk of reoccurrence.
- Appropriate referrals had been made to healthcare professionals in relation to reported incidents and accidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Plans were person centred and contained information covering their likes and dislikes and a summary of daily routines, including how the person would like the care to be carried out.
- People's care plans were reviewed annually or sooner depending on the needs of the person. This ensured they were accurate, up to date and reflected the current needs and preferences of people.

Staff support: induction, training, skills and experience

- All staff had received all training considered mandatory by the provider and staff felt they received appropriate training in order to carry out their roles. However, the scheduled timescale for when training was due was not always in line with best practice.

We recommend the provider reviews best practice guidance in relation to core and mandatory training.

- Staff completed training relevant to the needs of people they supported. For example, shared lives carers who provided care for people with catheters have received specialist training in relation to catheters.
- All new staff completed an induction that was overseen by senior members of staff before being reviewed by the registered manager.
- All staff received their supervision and appraisal regularly.

Supporting people to eat and drink enough to maintain a balanced diet

- Information about people's dietary needs had been recorded in their care files. This included special dietary requirements such as any allergies to specific foods.
- People reported to be involved in the preparation and choice of food each day, "They let me pick my food and pick my drink. [Shared lives carer] does that for me."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We found evidence of joint visits between the provider and other professionals to ensure the best outcome for the person.
- For example, the service worked closely with the local authority to ensure that the
- We found evidence of regular conversations between the provider and other professionals to ensure the best outcome for the person.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's care plans documented when people required support to make decisions and who should be involved to support them.
- All staff received training in the MCA, and this was renewed annually.
- People's care plans identified where people had a Lasting Power of Attorney and how this had been confirmed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's protective characteristics such as their disability were taken into consideration when supporting them. People and shared lives carers were matched according to their individual preferences as well as language requirements.
- The registered manager highlighted the service encouraged open conversations with people about their personal needs in relation to religion, cultural background or sexuality.
- People received good continuity of care as most of the people cared for had lived with their shared lives carer for many years. Respite care was also provided by shared lives carers who the person had met many times before and knew how to provide their individualised care.

Supporting people to express their views and be involved in making decisions about their care

- Care plans were created and amended with people, their relatives and relevant professionals, including the Local Authority.
- Shared lives cares, shared lives officers and the registered manager all confirmed that people were involved in the planning of their care. One shared lives carer told us, "Yes. That [people being involved in the planning of their care] is number one. The care plan is based on their need's preferences and choices. They are also included when writing the care plan."
- The registered manager reviewed people's care plans and risk assessments annually or when people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included information on how people would like to receive personal care including their likes and dislikes and where they may struggle. The information allowed staff to understand the needs of the person.
- Care plans included requesting staff to monitor people's environments, keeping it clean and tidy prior to leaving in order to support the person mobilise safely, supporting their independence.
- The registered manager reported that regular reviews took place, and this included ensuring that staff were treating people with dignity and supporting people with their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care plans clearly described people's abilities, likes, dislikes and support needed. This provided staff with information and guidance on each person, so they could continue to meet their specific needs
- People's needs, and support plans were reviewed on an annual basis for any changes in care and support or more often if their needs changed.
- Any changes to people's care was updated on their care plan and staff were notified of the changes through emails, telephone call

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans and consent forms were provided in an easy read format for all people who needed it in order to ensure they understood the care they were going to be provided with.
- The service identified people's information and communication needs by assessing them and recording this in their care plans for staff to be aware of how to support the person.
- There was guidance in communicating with people in a manner they could understand. We discussed the five steps of AIS with the provider to ensure all information presented was highlighted and in a format people would be able to receive and understand.

Improving care quality in response to complaints or concerns

- The service had received any complaints since registering however, there was an appropriate complaints policy in place and all staff were aware of the process.
- The registered manager explained the process and documentation involved if a complaint or concern was raised and the action to be taken depending on the concern or complaint raised.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised.
- Staff were passionate about working at the service and delivering the best possible care to enrich the quality of people's lives. Two shared lives carers have cared for a service user since the age of eight and ensure that she is supported to attend activities she enjoys on a daily basis.
- People experienced good care from a stable staff team who were committed to delivering personalised care tailored to meet their individual needs. For example, one person told us, "I Like my carers. They are good people and look after me..."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy in place which identified the actions the registered manager and staff should take, in situations where the duty of candour applied.
- The registered manager and staff were aware of their responsibilities and understood the importance of transparency when something had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. We reviewed documents, which demonstrated the registered person had effectively reported incidents to the local authority to ensure individuals were safeguarded.
- The registered manager mostly submitted notifications in a timely manner, which meant that the CQC could check that appropriate action had been taken in relation to incidents and accidents.
- The registered manager operated a system monitoring and assessing the quality of the service. This included regular audits, care reviews and supervisions.
- The registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the review and monitoring of the service.
- Shared lives officers and the registered manager completed regular audits and reviews of care records and medicine administration records, to identify and address any areas for improvement.
- The registered manager had an emergency plan in place for major incidents or adverse weather.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us the registered manager and shared lives officers valued their opinions, which they were encouraged to share during, supervisions and at any time they needed to talk. One shared lives carer told us, "I have had one or two discussions with the [registered] manager and have been listened to and acted upon."
- Staff were engaged and involved in developing support plans and ideas for the service. Staff shared ideas which worked in supporting people and these were reflected in support plans.
- Shared lives offices undertook annual reviews of people's care both with the shared lives carer and two further reviews annually both people and shared lives carers were seen separately. People's relatives and advocates where appropriate were also contacted regularly to gain their views of the care and make any required changes.
- People and relatives had been sent questionnaires to get feedback on their experience. The service responded to feedback, which was mainly positive.

Continuous learning and improving care; working in partnership with others

- The registered manager and staff engaged with external agencies to promote the development of the service.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.
- The provider had robust arrangements in place for reviewing the quality and safety of the service.
- The registered person used feedback from people, their families and professionals to identify necessary learning and areas.